

 **First Hawaiian Bank**  
**CHANGE OF ADDRESS**

Account numbers **MUST** be provided in order for change to be processed.

Date \_\_\_\_\_

<input checked="" type="checkbox"/>	BSC	ACCOUNT NUMBER	<input checked="" type="checkbox"/>	BANKCARD	ACCOUNT NUMBER
<input type="checkbox"/>	Checking		<input type="checkbox"/>	MasterCard	
<input type="checkbox"/>	Checking		<input type="checkbox"/>	Visa	
<input type="checkbox"/>	MaxiMizer		<input type="checkbox"/>	CheckCard	
<input type="checkbox"/>	Money Market Checking		<input type="checkbox"/>		
<input type="checkbox"/>	Regular Savings		<input type="checkbox"/>		
<input type="checkbox"/>	Regular Savings			<b>DEPARTMENTS</b>	<b>ACCOUNT NUMBER</b>
<input type="checkbox"/>	Christmas Club		<input type="checkbox"/>	Mortgage Loan	
<input type="checkbox"/>	Christmas Club		<input type="checkbox"/>	Commercial Loan	
<input type="checkbox"/>	Time Certificate of Deposit		<input type="checkbox"/>	Auto Leasing	
<input type="checkbox"/>	Time Certificate of Deposit		<input type="checkbox"/>	Wealth Management Service Center	
<input type="checkbox"/>	Retirement Savings		<input type="checkbox"/>		
<input type="checkbox"/>	Retirement Savings		<input type="checkbox"/>		
<input type="checkbox"/>	Safe Deposit			<b>MISCELLANEOUS SERVICES</b>	
<input type="checkbox"/>	PayAnyDay		<input type="checkbox"/>	FHB Online (Home Banking Department)	
<input type="checkbox"/>	Equity FirstLine		<input type="checkbox"/>	QuickTax/Payroll (Business Services Sales Department)	
<input type="checkbox"/>	Personal FirstLine		<input type="checkbox"/>	Merchant Services (Merchant Services Department)	
<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>			<input type="checkbox"/>		

**Please PRINT (address change affects customer(s) below):**

Name			New Address (if "hold," New Address must be branch of account address)  _____  _____  _____
Social Security Number	Home Phone	Work Phone	
Cell Phone	Email Address		
Name			
Social Security Number	Home Phone	Work Phone	
Cell Phone	Email Address		

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

**Branch Use Only**

Received By (Employee Name and \_\_\_\_\_

Receiving Branch \_\_\_\_\_ Received By:  Phone\*  Mail\*  In Person

\*Confirmation Card Sent (Date) \_\_\_\_\_ Cust. ID Type and # \_\_\_\_\_

- Does customer have CheckCard?  Yes  No (If "yes," send copy of this form to BankCard Center.)
- Does customer have FHB Online?  Yes  No (If "yes," send copy of this form to Home Banking Department.)
- Change Mail Code (see Deposit System Codes Reference Guide, CM-5084, for codes): \_\_\_\_\_ To \_\_\_\_\_
- Does customer initiate repetitive wire transfers?  Yes  No (If "yes," send copy of this form along with EX-844 to Wire Transfer Department.)

Copy of Change Also Sent To:

- BankCard Center
- Business Services Sales
- Commercial Loan
- Consumer Service Center
- Home Banking Department
- First Hawaiian Leasing
- Merchant Services Department
- Mortgage Service Center
- Wealth Management Service Center
- \_\_\_\_\_

**BSC Use Only**

Input By \_\_\_\_\_ Verified By \_\_\_\_\_